

FORM
5A
Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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COMPLETED INTERVAL REPORT

Document Number:

2511776

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 100185 4. Contact Name: MARINA AYALA
 2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-3663
 3. Address: 370 17TH ST STE 1700 Fax: (720) 876-4663
 City: DENVER State: CO Zip: 80202-56

5. API Number 05-045-18726-00 6. County: GARFIELD
 7. Well Name: GMU Well Number: 26-5A2(H27NW)
 8. Location: QtrQtr: SENE Section: 27 Township: 6S Range: 93W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: ROLLINS Status: PRODUCING

Treatment Date: 04/21/2010 Date of First Production this formation: 05/22/2010

Perforations Top: 8882 Bottom: 8907 No. Holes: 15 Hole size: 34/100

Provide a brief summary of the formation treatment: _____ Open Hole:

STAGES 1A TREATED WITH A TOTAL OF: 4,500 BBLs OF SLICKWATER, 58,000 LBS OF 20-40 SAND.

This formation is commingled with another formation: Yes No

Test Information:

Date: 07/10/2010 Hours: 24 Bbls oil: 25 Mcf Gas: 691 Bbls H2O: 48

Calculated 24 hour rate: _____ Bbls oil: 25 Mcf Gas: 691 Bbls H2O: 48 GOR: 27640

Test Method: FLOWING Casing PSI: 1131 Tubing PSI: 755 Choke Size: 16

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1170 API Gravity Oil: _____

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8218 Tbg setting date: 06/10/2010 Packer Depth: _____

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: WILLIAMS FORK Status: PRODUCING

Treatment Date: 12/30/1899 Date of First Production this formation: 05/22/2010

Perforations Top: 6870 Bottom: 8873 No. Holes: 228 Hole size: 34/100

Provide a brief summary of the formation treatment: _____ Open Hole:

STAGES 1B-09 TREATED WITH A TOTAL OF: 80,271 BBLs OF SLICKWATER, 863,400 LBS OF 20-40 SAND.

This formation is commingled with another formation: Yes No

Test Information:

Date: 07/10/2010 Hours: 24 Bbls oil: 25 Mcf Gas: 691 Bbls H2O: 48

Calculated 24 hour rate: _____ Bbls oil: 25 Mcf Gas: 691 Bbls H2O: 48 GOR: 27640

Test Method: FLOWING Casing PSI: 1131 Tubing PSI: 755 Choke Size: 16

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1170 API Gravity Oil: _____

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8218 Tbg setting date: 06/10/2010 Packer Depth: _____

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

Comment: _____

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: MARINA AYALA

Title: ENGINEERING TECHNICIAN Date: 8/12/2010 Email MARINA.AYALA@ENCANA.COM

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: David S. Nashin Director of COGCC Date: 11/18/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2511776	FORM 5A SUBMITTED	LF@2553674 2511776
2511777	WELLBORE DIAGRAM	LF@2553675 2511777

Total Attach: 2 Files